Fill in this infor	mation to identify	/ your case:					
Debtor 1	Angela		Hennigai	n			
Debior 1	First Name	Middle Name	Last Name	•		— Che	ck if this is:
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name			_ _	An amended filing
			IST. OF PENNSY	/I \/ A	AIIA		A supplement showing postpetition
Case number	cruptcy Court for the: 22-12508-amc	EASTERN D	IST. OF FENNST	LVA	MIM	- -	chapter 13 income as of the following date:
(if known)				_			11/21/2023 MM / DD / YYYY
Official Form 1	061						
Schedule I: Yo	our Income						12/15
include information a about your spouse. your name and case	about your spouse. If more space is nee	f you are separ ded, attach a se Answer every q	ated and your spo parate sheet to th	use i	is not fi	ling with y	spouse is living with you, ou, do not include information any additional pages, write
Fill in your emplinformation.	oyment		Debtor 1				Debtor 2 or non-filing spouse
If you have more job, attach a sepa		yment status	Employed				☐ Employed
with information a	about	ymoni otatao	☐ Not employe	ed			☐ Not employed
additional employ	/ers. Occup	ation	Nurse				
Include part-time or self-employed		yer's name	University of P System	enn	sylvan	ia Health	_
Occupation may	=p.o	yer's address	3400 Spruce S	t			
student or homer applies.	пакег, п п		Number Street				Number Street
							-
			Philadelphia		PA	19104	
			City		State	Zip Code	City State Zip Code
	How Id	ong employed th	nere?			_	·
Part 2: Give	Details About Mo	onthly Incom	e				
	come as of the date y	ou file this forn		ing to	report	for any line	, write \$0 in the space. Include your
0 1	, ,		er, combine the info	ormat	ion for a	all employe	rs for that person on the lines below. If
you need more space,			•			, ,	·
					For D	ebtor 1	For Debtor 2 or non-filing spouse
	oss wages, salary, ar s). If not paid monthly			2.	\$	4,562.00	
3. Estimate and lis	t monthly overtime p	ay.		3	+	\$0.00	
4. Calculate gross	income. Add line 2	+ line 3.		4.	\$	4,562.00	

Official Form 106l Schedule I: Your Income page 1

Debto	tor 1 Angela Hennigan		Case nun	nber (if known)	22-12	508-amc	
			For Debtor 1	For Debtor 2 non-filing sp			
(Copy line 4 here	→ 4.	\$4,562.00				
5 .	List all payroll deductions:						
	5a. Tax, Medicare, and Social Security deductions	5a.	\$1,088.00				
	5b. Mandatory contributions for retirement plans	5b.	\$0.00				
	5c. Voluntary contributions for retirement plans	5c.	\$88.00				
	5d. Required repayments of retirement fund loans	5d.	\$0.00				
	5e. Insurance	5e.	\$301.00				
	5f. Domestic support obligations	5f.	\$0.00				
	5g. Union dues	5g.	\$0.00				
	5h. Other deductions. Specify: Parking	5h.	\$225.00				
	Add the payroll deductions. Add lines $5a + 5b + 5c + 5d + 5g + 5h$.	5e + 5f + 6.	\$1,702.00				
	Calculate total monthly take-home pay. Subtract line 6 from	om line 4. 7.	\$2,860.00				
	List all other income regularly received:	_					
;	8a. Net income from rental property and from operating a business, profession, or farm	8a.	\$0.00				
	Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses the total monthly net income.						
;	8b. Interest and dividends	8b.	\$0.00				
;	8c. Family support payments that you, a non-filing spouse dependent regularly receive	e, or a 8c.	\$0.00		_		
	Include alimony, spousal support, child support, maintenar divorce settlement, and property settlement.	nce,					
;	8d. Unemployment compensation	8d.	\$0.00				
;	8e. Social Security	8e.	\$0.00				
	8f. Other government assistance that you regularly receive	е		•			
	Include cash assistance and the value (if known) or any no cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Proof or housing subsidies.						
	Specify:	8f.	\$0.00				
;	8g. Pension or retirement income	8g.	\$0.00				
;	8h. Other monthly income.						
	Specify: Prorated IRS Refund	8h	+ <u>\$308.00</u>				
9.	Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +	- 8g + 8h. 9.	\$308.00				
	Calculate monthly income. Add line 7 + line 9.	10.	\$3,168.00	+	=	\$3,168.00	
	Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. State all other regular contributions to the expenses that you list in Schedule J.						
	Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.						
	Do not include any amounts already included in lines 2-10 or an	nounts that are r	not available to pay ε	expenses listed	in Sched	dule J.	
;	Specify:				11. +	\$0.00	
i	Add the amount in the last column of line 10 to the amount income. Write that amount on the Summary of Your Assets and				12.	\$3,168.00	
	if it applies. Do you expect an increase or decrease within the year after	r vou filo this fo	rm?			Combined monthly income	
		you me mis to					
	✓ No. None. Yes. Explain:						

F	ill in this inform	nation to ide	entif	y your case:			Cha	ck if this	io	
	Debtor 1	Angela First Name		Middle Name	Henni Last Na			An ame	ended filing lement showing	
	Debtor 2 (Spouse, if filing)	First Name		Middle Name	Last Na	me		chapter followin	r 13 expenses a ng date:	s of the
	United States Bankı		· tha·					11/21/		<u> </u>
	Case number (if known)	22-12508-a		LAGILAN DIO				MM / D	D / YYYY	
Of	ficial Form 10)6J					_			
Sc	chedule J: Yo	ur Expen	ses	6						12/15
cor	rect information. I	f more space i	s nee Ansv	eded, attach anothover every question	er sheet to t	ing together, both a his form. On the to				
1.	Is this a joint cas	e?								
2.	_ No	pebtor 2 live in	st file	No	-2, Expenses	s for Separate House Dependent's relat			2. Dependent's	Does dependent
	Do not list Debtor Debtor 2.	1 and		Yes. Fill out this in for each dependent		Dobtor 1 or Dobto			age	live with you?
	Debtor 2.					Niece				□ No - ☑ Yes
	Do not state the donames.	ependents'								No
3.	Do your expense expenses of peop yourself and you	ole other than	•	✓ No ☐ Yes						ss
Р	art 2: Estima	ate Your On	goir	ng Monthly Exp	enses					
to r		of a date after	the		-	re using this form a supplemental Sche			-	
	lude expenses paid th assistance and h			•	•				Your expens	ses
4.				nses for your residency in y rent for the grou				4	4.	\$371.00
	If not included in	line 4:								
	4a. Real estate ta	axes						2	4a	
	4b. Property, hon	neowner's, or re	enter'	s insurance				4	4b	
	4c. Home mainte	nance, repair,	and u	pkeep expenses				4	4c	
	4d. Homeowner's	association or	conc	dominium dues				2	4d.	

Debtor '	Angela Hennigan	Case number (if known)	22-12508-amc
		Your e	expenses
5. Ad	ditional mortgage payments for your residence, such as home equity loans	5	
6. Uti	lities:		
6a.	Electricity, heat, natural gas	6a	\$200.00
6b.	Water, sewer, garbage collection	6b	\$75.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c	\$125.00
6d.	Other. Specify:	6d.	
7. Fo	od and housekeeping supplies	7	\$681.00
8. Ch	ildcare and children's education costs	8	
9. Clo	othing, laundry, and dry cleaning	9	\$30.00
10. Pe	rsonal care products and services	10.	\$25.00
11. Me	dical and dental expenses	11	\$40.00
	ansportation. Include gas, maintenance, bus or train e. Do not include car payments.	12	\$300.00
13. En	tertainment, clubs, recreation, newspapers, gazines, and books	13	
	aritable contributions and religious donations	14	
	not include insurance deducted from your pay or included in lines 4 or 20.		
15	a. Life insurance	15a	\$50.00
151	b. Health insurance	15b	
150	c. Vehicle insurance	15c	\$100.00
150	d. Other insurance. Specify:	15d.	
16. Ta :	xes. Do not include taxes deducted from your pay or included in lines 4 or 20. ecify:	16	
17. Ins	tallment or lease payments:		
17	a. Car payments for Vehicle 1	17a	\$791.00
17	o. Car payments for Vehicle 2	17b	
170	c. Other. Specify:	17c	
170	d. Other. Specify:		
	ur payments of alimony, maintenance, and support that you did not report as ducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).	18	
	ner payments you make to support others who do not live with you. ecify:	19	

Debtor 1		Angela Hennigan	Case number (if known)	22-12508-amc	
20.		r real property expenses not included in lines 4 or 5 of this form or on dule I: Your Income.			
	20a.	Mortgages on other property	20a		
	20b.	Real estate taxes	20b		
	20c.	Property, homeowner's, or renter's insurance	20c		
	20d.	Maintenance, repair, and upkeep expenses	20d		
	20e.	Homeowner's association or condominium dues	20e		
21.	Other	r. Specify:	^{21.} +		
22.	Calcu	ulate your monthly expenses.	_		
	22a.	Add lines 4 through 21.	22a	\$2,788.00	
	22b.	Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2.	22b		
	22c.	Add line 22a and 22b. The result is your monthly expenses.	22c	\$2,788.00	
23.	Calcu	ulate your monthly net income.			
	23a.	Copy line 12 (your combined monthly income) from Schedule I.	23a	\$3,168.00	
	23b.	Copy your monthly expenses from line 22c above.	23b. _ _	\$2,788.00	
	23c.	Subtract your monthly expenses from your monthly income. The result is your monthly net income.	23c	\$380.00	
24.	Do yo	ou expect an increase or decrease in your expenses within the year after you fi	ile this form?		
For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?					
	V	☑ No			
	Yes. Explain here:				